

FILED AUG 11 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25482

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 517 PRIMARY REG. DIST. NO. 531 Registrar's No. 1707

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>University City</u> )		c. CITY OR TOWN <u>University City</u>	
c. LENGTH OF STAY (in this place) <u>5 years</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>6817 Raymond Avenue.</u>		e. STREET ADDRESS (If rural, give location) <u>6817 Raymond Avenue.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>VITA</u>	b. (Middle) <u>BRANN</u>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>July 14, 1954</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov 12, 1895</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Hillerman Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Mack H. May</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Ragsdale</u>	14. NAME OF HUSBAND OR WIFE <u>Urah L. Brann</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>no none</u>	16. SOCIAL SECURITY NO. <u>492-07-3385</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Urah L. Brann, 6817 Raymond Avenue.</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>St. Louis Actual on bed.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiovascular disease</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 6/1, 1940, to 7-14, 1954, that I last saw the deceased alive on 7-14, 1954, and that death occurred at 11:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Urah L. Brann, M.D.</u>	23b. ADDRESS <u>730 Hammond</u>	23c. DATE SIGNED <u>7-16-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 17, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Lebanon Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>W. H. S. H.</u>	REGISTRAR'S SIGNATURE <u>Wesley K. S. H.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Shepard Funeral Home</u>	ADDRESS <u>1167 Hamilton Ave.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

✓ STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *W. Wilkinson*

Licensed Embalmer No. *35*

P. O. Address *M. Row*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.